

## ORDERS

**Name:** \_\_\_\_\_

DOB: \_\_\_\_\_

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**Snohomish Health District  
Tuberculosis Control**

Male ☐ Female ☐

Male	<input type="checkbox"/>	Female	<input type="checkbox"/>
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TB disease / suspect	
1	2
3	4
5	6
7	8
9	10
11	12
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93	94
95	96
97	98
99	100

☐ Collect sputum for AFB smear and culture x 3 (notify physician if unable to raise adequate specimen)

[illegible]

<input type="checkbox"/>	Request nucleic acid amplification (NAT) test on the first two specimens
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☐ Collect follow-up sputum for AFB smear and culture monthly, until two consecutive cultures are negative.

☐ Chest radiograph when ☐ cultures negative (9 weeks) ☐ therapy completed ( ☐ PA only ☐ PA/lateral )

<input type="checkbox"/> Chest Radiograph when <input type="checkbox"/> cultures negative (> weeks) <input type="checkbox"/> therapy completed    ( <input type="checkbox"/> PA only <input type="checkbox"/> PA/Lateral )	
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☐ Isolate until smear negative x 3 (or otherwise released by physician)

☐ Comprehensive Metabolic Panel \_\_\_\_\_ at baseline \_\_\_\_\_ monthly

5.1.3. Generalized Block-Greedy with block size $\ell$ and $\ell$ blocks
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☐ Complete Blood Count with platelets \_\_\_\_at baseline \_\_\_\_monthly